EMS Assessment Use
Sarah Craig, MHA
Flex Program Reverse Site Visit
July 20, 2016
SCORH Overview

• Established in 1991
• Serves as official State Office of Rural Health for South Carolina (each state has one)
• 501(c)3 not-for-profit corporation
• Functions:
  o Advocate for rural residents, providers and communities
  o Monitor and impact state and federal legislation affecting rural communities
  o Serve as a focal point for rural health issues on the state level
  o Address problems in our rural healthcare system

“Dedicated to providing access to quality health care in rural communities”
EMS Activities

• SC Rural EMT Tuition Assistance Program
• Community Paramedic Technical Assistance
  o SC Community Paramedic Advisory Committee
• SC Rural EMS Trainings
• Support for EMS Leadership Development
• STEMI, Stroke, and Trauma Systems of Care Participation
• SC Rural Access to Emergency Devices program
FLEX

- Program Area: Population Health Management and Emergency Medical Services Integration
- Goal 3a: To understand the community health and EMS needs of SC CAHs
- Objective 3.3: Improve local/regional EMS capacity and performance in SC CAH communities. Improve integration of EMS in local/regional systems of care
- Activity 3.03: SC CAH community-level rural EMS system assessment
Program Area: Population Health Management and Emergency Medical Services Integration

Goal 3c: To engage EMS capacity and performance in rural SC communities.

Objective 3.3: To assist SC CAHs to develop strategies for engaging with community partners and targeting specific health needs.

Activity 3.06: Improve EMS Capacity and Operational Projects
ATTRIBUTES OF A SUCCESSFUL RURAL AMBULANCE AGENCY

1. Written Call Schedule
2. Community-Based and Representative Board
3. Medical Director Involvement
4. Continuing Education
5. Quality Improvement/Assurance Process
6. Recruitment and Retention Plan
7. Formal Personnel Standards
8. Written Policy and Procedure Manual
9. Sustainable Budget
10. Identified EMS Operations Leader with a Succession Plan
11. Professional Billing Process
12. Contemporary Equipment and Technology
13. Agency Attire
14. Public Information, Education, and Relations (PIER)
15. Involvement in the Community
16. Agency Reports Data
17. Wellness Program for Agency Staff
18. Incident Response and Mental Wellness

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EMS Assessment Benefits: CAH and EMS

• Opens Dialog
  • Financials
  • Rescue/Fire and Private EMS agencies
  • Identify training needs

• EMS perspective of the CAH
  • Transfer rates
  • Current relationship with the ED providers/hospital admiration
  • Strengths/weaknesses of CAH

• Community
  • Disease prevalence in county
  • Public Training/Private Training
  • Identified needs in community

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EMS Assessment Benefits: EMS

- Building Sustainability
- Access to EMS Comparison Data
- Improved Understanding of the Healthcare Environment
- Continued Partnership Building with CAH
EMS Assessment Benefits: SCORH

- Continued building of relationships
- Global understanding of EMS agency
  - Size, Station locations, etc.
- Identifying areas of need
  - Training opportunities
  - Statewide Linkages
- Identifying EMS “champions”
- Identifying EMS best practices (building EMS agency workgroup specific to CAH counties)
- Assessing level of working relationship with CAH

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